

# WELCOME TO KITCHENER KICKS MARTIAL ARTS

TRIAL CLASS FORM

PLEASE COMPLETE ALL SECTIONS

RAISING THE STANDARDS OF MARTIAL ARTS www.kitchenerkicks.ca 519-741-KICK (5425)

STUDENTS NAME:

HOME PHONE:

ADDRESS:

WORK PHONE:

CITY:

CELL PHONE:

POSTAL CODE:

E-MAIL:

Parent/Guardian Name (If under 18):

BIRTHDAY:

Home Phone:

How did you hear about us? \_\_\_\_\_

Have you ever done Martial Arts before? \_\_\_\_yes \_\_\_\_no

If yes, when was the last time? \_\_\_\_\_ Where? \_\_\_\_\_ For how long? \_\_\_\_\_

What other activities are you currently involved in? \_\_\_\_\_

Do you have any health conditions or injuries we need to be aware of? Please explain: \_\_\_\_\_

Why do you want to learn Martial Arts? Please circle all that apply:

Self Defence	Self Confidence	Fitness	To Compete	Social Activity	Fun
Reduce Stress	Self Discipline	Respect	Conditioning	Flexibility	

Other, please explain: \_\_\_\_\_

Which classes would you like to try? Kung Fu Karate Kickboxing Aikido Mini Ninjas Dragon Hearts  
Kung Fu Lite

## ACKNOWLEDGEMENT AND RELEASE FORM

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Kitchener Kicks Martial Arts Centre, representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in Martial Arts classes, Self Defence Seminars and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of Kitchener Kicks Martial Arts, representatives or agents. Please note: Participants must supply their own protective equipment.

The undersigned acknowledges that:

1. He/She is desirous of using, as a member on a membership basis, the Martial Arts School herein referred to as "Kitchener Kicks Martial Arts Centre".
2. He/She has received a completely executed copy of this agreement.
3. He/She confirms that there were no verbal presentations other than those specified in this agreement.
4. He/She may be photographed or filmed while attending at the premises of Kitchener Kicks Martial Arts Centre and he/she gives permission to Kitchener Kicks Martial Arts Centre, and any affiliates to use any and all photos, video footage, and/or video streaming for promotional, sales, publicity, and advertising purposes for all media including internet.
5. The waiver was read and he/she agrees to abide by it.

**If student is under age 18, please provide complete information below:**

\_\_\_\_\_  
KITCHENER KICKS MARTIAL ARTS CENTRE REPRESENTATIVE

\_\_\_\_\_  
PARTICIPANT SIGNATURE (IF OVER 18 YEARS OF AGE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE (IF PARTICIPANT IS UNDER 18 YEARS OF AGE)